

Lack of preparedness puts US health care workers at greatest risk from coronavirus

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As of Monday evening, the coronavirus Covid-19 had claimed six lives in the United States, all of them in the state of Washington. There were at least 40 cases in the US and the disease is now present in at least 65 countries.

The US deaths come as the virus continues to spread, with the global death toll passing 3,000. The US State Department has raised travel restrictions for Italy and South Korea, where the outbreak has intensified in recent days.

At a press briefing Monday, the US government's task force overseeing the federal response to the coronavirus, headed by evolution-denying US Vice President Mike Pence, sought to reassure Americans that their risk from the disease is low. Despite such dubious claims, there is increasing evidence that the US health care system is woefully unprepared to deal with the crisis, and that health care workers on the front lines are at the highest risk of infection and the accompanying dangers.

A Chicago physician told the WSW: "The signs and indications are that Covid-19 will begin to quickly impact every community in the United States. I don't think the health care system in the United States is remotely prepared to confront the magnitude of this health crisis. Worse, nurses and doctors will face the full brunt of this as they have in Wuhan. This should be a wakeup call, but the administration is in the business-as-usual mode."

The risks facing health care workers are intrinsically bound up with the running down of US hospitals and other health care facilities, the underfunding of public health and the subordination of medical care to the profits of the health care industry. Despite the lessons from Ebola, SARS and other global pandemics, little preparation has been made to combat another new

disease whose arrival was inevitable.

The threat to the health and well-being of health care workers is linked to the conditions at US hospitals and their ability to handle the influx of patients that could result from an escalation of the coronavirus crisis. In other countries affected by Covid-19, the virus has shown rapid spread in high-density settings, including hospitals.

Lawrence Gostin, the director of the World Health Organization (WHO) Collaborating Center on National and Global Health Law, said that if the virus affects the US the way it has other countries, health care facilities could be filled to capacity. "Not only will we see many deaths," he told the *Los Angeles Times*, "but we'll see anywhere from 5 to 20 percent of people infected needing hospitalization. How will America cope with that?"

National Nurses United (NNU) reports that nurses employed by the University of California met with UC officials four times, and had written repeatedly, beginning on January 28, to notify them about the urgency to prepare for the coronavirus and protect nurses. Janet Napolitano—the same official who recently ordered the firing of striking UC Santa Cruz grad students—did nothing.

Preliminary results from an NNU survey of registered nurses across the US on hospital preparedness found that only 27 percent report that there is a plan in place to isolate a patient with possible novel coronavirus infection, and 47 percent report that they don't know if there is a plan.

Medical experts report that a surge in US cases, which is all but inevitable, would quickly overwhelm hospitals and amplify supply shortages. Hospitals rely on state and federal labs to test for the coronavirus. But the US health care workforce has been decimated over

the last decade, with the number of full-time positions in state public health departments declining by about 15 percent between 2010 and 2019, to less than 92,000, according to the Association of State and Territorial Health Officials.

Many US hospitals are already at “surge capacity” treating patients sick with influenza. Hospitals are ill-equipped to deal with a large influx of coronavirus patients. According to Dr. Amy Compton-Phillips, chief clinical officer from Providence St. Joseph Health, a network of hospitals that includes Sacred Heart Medical Center in Spokane, Washington, there are only 10 special isolation rooms in the facility that can prevent the virus from escaping and infecting others.

Fourteen coronavirus patients have been tested and treated at the University of Nebraska Medical Center in Omaha (UNMC). While the hospital has a total of 42 beds to isolate patients, this will not be enough to treat all severely ill patients if the virus spreads dramatically, UNMC’s Shelly Schwelhelm told NPR.

Hospitals and other health care facilities are hot spots for Covid-19 and other virulent viruses. The delay in testing for the disease, fueled by incompetence at the Centers for Disease Control (CDC) that has inhibited testing, has put health care workers at additional risk. Without knowledge that patients are infected, hospital staff are unable to protect themselves.

The CDC recommends that all health care staff interacting with infected patients wear gowns, gloves, goggles and masks. But there is no assurance that this level of protection is adequate, given the lack of knowledge about the disease. Even with the current level of patients being treated, there is a potential shortage of protective gear for health care workers, including respirator masks, gowns and gloves.

Health care workers have already been placed at risk due to a lack of preparedness. At the University of California, Davis, a patient exposed hundreds of staff after the CDC did not allow her to be tested. Some 124 nurses and other staff were quarantined as a result.

US authorities have failed to heed the lessons of the current and prior infectious disease outbreaks. One small study of Covid-19 in Wuhan, China, the epicenter of the crisis, found that 41 percent of cases appeared to be hospital-acquired. Many infections in China have been attributed to health care worker fatigue and stress.

During the 2014-2016 Ebola virus epidemic in West Africa, health care workers were between 21 and 32 times more likely to be infected than those in the general adult population, according to WHO. In Liberia and Sierra Leone, Ebola took the lives of a staggering 6-8 percent of these nations’ health care workers.

The failure of US authorities to heed the lessons of such experiences is not due to a lack of understanding. For the US political establishment—and the health care industry—a premium is placed not on the health of the population and those on the front lines of providing their care, but on the profits of the health care industry and share values on the stock market.

Have you been personally affected by the coronavirus epidemic, or are you a health care worker on the front lines of fighting this disease? If so, the World Socialist Web Site wants to hear your story.



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